

NAVAJO HOSPITAL

of the stones." Treatments or "sings" by the medicine men are condoned by hospital authorities and are carried on at the hospital bed just as a priest might administer the last rites. Usually the medicine man is a little more active than a priest. There is much vocalizing and rattle shaking—which seem not to bother patients in adjoining beds. It is an interesting sidelight that these medicine men are well paid for their treatments. In an area where the average annual per capita income is \$750,⁷ a \$100 charge is not to be taken lightly.

In spite of the minor difficulties encountered in this more or less remote area, the work has been interesting, the contacts with the young medical officers stimulating and desert living generally pleasant. The Navajos need our help in their

efforts to gain self-sufficiency and working with them has been a rewarding experience. For a surgeon or other doctor who feels he is in a rut or who wants to live at a slower pace, the Indian Health Service is worth his consideration. It is not necessary to travel to a foreign land to find areas of real medical need.

REFERENCES

1. AMDOC, 3502 Hancock Street, P.O. Box 81122, San Diego, CA 92138
2. Brackett EM, Zimmermann EA, Post D, et al: Site Visit Report, Navajo Indian Health Service. Indian Health Service, Window Rock, Arizona, Oct 1-5, 1973
3. Navajo Area Mortality Report. Indian Health Service, Window Rock, Arizona, 1974
4. Comess LJ, Bennett PH, Burch TA: Clinical gallbladder disease in Pima Indians. *N Engl J Med* 277:894-898, Oct 26, 1967
5. Thistle JL, Schoenfield LJ: Lithogenic bile among young Indian women. *N Engl J Med* 284:177-181, Jan 28, 1971
6. Rudolph R, Cohen JJ, Gascoigne RH: Biliary cancer among Southwestern American Indians. *Ariz Med* 27:1-4, 1970
7. Office of Program Planning, Navajo Area Indian Health Service, Window Rock, Arizona, 1975

Rarity of Mediastinal Parathyroids

When patients come to you who've had an operation for primary hyperparathyroidism, and the tumor or tumors have not been found . . . your first thought is "My God, it's down in the mediastinum and we've got to split that patient's sternum!" Let me assure you that 99 and 44/100 percent of the time . . . that tumor is still in the neck; it's not down in the mediastinum, and so don't go cracking that fellow's chest open just because it wasn't found in the neck. In a recent series . . . in 100 percent of 22 reoperations for parathyroid disease, the tumor was in the neck and had been overlooked in the first operation.

—WILLIAM O. BARNETT, MD, *Jackson, MS*
Extracted from *Audio-Digest Surgery*, Vol. 22, No. 18 in the Audio-Digest Foundation's subscription series of tape-recorded programs. For subscription information: 1930 Wilshire Blvd., Suite 700, Los Angeles, CA 90057.